DDES Management Planning Tool For LTC Expansion
"Readiness Template"

Business Area	State Performance Indicator (Certification Requirement)	Detailed MCO Systems (including IT)

Strategic Planning	The 3-year MCO business plan approved prior to contract effective date, including:
	– Timeline for providing required risk reserve, solvency requirements, and working capital (if not licensed as an HMO).
	
	Organizational design and governance:
	
	Existence of legal (contracting) entity that will carry the financial risk and be responsible for quality, including:
	– Governance board with membership able to provide appropriate oversight.
	– Organization chart w qualified and full-time CEO, CFO, and Quality Manager.
	
	Documentation of how MCO will coordinate with adult protective service and counties' 51/55 systems.
	
	Evidence of consumer and other stakeholder involvement in strategic planning.
		Establishment of a Risk Reserve and Business Solvency Plan, with timeline and financing strategy.
		
		Consumer and Stakeholder Participation:
		– Identify stakeholders and provide opportunities for consumers and stakeholders to participate in planning process.
		– Provide training/support to enhance meaningful consumer and stakeholder participation.
		– Create mechanisms for consumers and reps to participate in quality management and appeals and grievance processes.
		
		Develop policies and procedures for best practices (designing quality into the organization).
		
		Legal and Operational Platform for Regionalized Governance satisfactory to all planning partners, including:
		– Mission and values statements.
		– Operating and risk sharing agreements.
		– By-laws and business protocols.
		– Steering and oversight committees, including consumer and stakeholder members.
		
		Organizational needs assessment (strengths, weaknesses, opportunities, barriers) for administrative, care management, IT and financial management tools and competencies to carry out managed long-term care, including:
		– Strategies to learn management techniques.
		– Identification of essential IT and competencies.
		– A claims payment / business system adequate for
		  – Encounter reporting
		  – Service authorization and benefit coordination
		  – Utilization management
		  – Fiscal monitoring analysis
		  – Managing enrollment
		  – Provider network monitoring and contracting

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Information/ Knowledge Management	An information management plan that supports each business process's specific information management and information technology (IT) needs.	Identification of essential IT and reporting tools and competencies to carry out managed long-term care Plan for control of data: – Data governance – Documentation – Data integration rules, – data security – Data retention – Policies and procedures for disaster recovery. – Current and future HIPAA/HIT requirements
Budgeting and Projections	Initial 3-year budget approved as part of business plan.	Data collection and analysis to support the budgeting process.
Managing Enrollment	Approved Access Plan. ADRC and ES readiness requirements are documented separately.	Participate in Access Plan development with ADRC and ES. CMO enrollment processes in place to accept new enrollments, assign care teams, make sure needed services are in place on day of enrollment, develop initial care plan w/in 10 days. (FC)
Managing Enrollment and Capitation	Policies and procedures to manage enrollment and capitation developed prior to implementation.	Reconcile enrollment reports and capitation payments with member enrollment, disenrollment and LOC effective dates. Process for resolving discrepancies. Recertification processes in place to maintain enrollee eligibility – functional screens, interface with ES. Management of cost share receivables, process for interventions if cost share payments not timely, process to refer for loss of eligibility if interventions are not successful.

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Care Management and Care Planning --- Service Authorization --- Utilization Management	Adequate and trained care management teams in place. Approved Service Authorization Policy (RAD) in place (dif. for FC / WPP). Policies and procedures for SDS in place. Appropriate interdisciplinary plans for benefit package provided are in place.	Strategy and timeline to achieve employed and/or subcontracted IDTs. – Training in the needs of the target groups, service authorization policies and utilization management, care management techniques including outcome assessment, risk management and negotiation skills. – Training plan developed and in place. Process for prior authorization of services, clerical support and integration with fiscal systems.
Member Grievances and Appeals Process	Policies and procedures and MCO structure in place.	
Service Provision --- Provider Network --- Contract Management --- Provider Relations	State review and certification of adequacy of service capacity prior to implementation. Process for determining future provider network needs is in place. Have negotiated and executed cost-effective provider contracts.	Identification of service needs among potential enrollees, assessment of the capacity of the local provider pool to meet these needs (gap analysis); planning with potential providers to achieve a satisfactory workforce and provider pool in regard to capacity, quality and options for consumers; and establishment of minimum provider competencies. This planning must address the needs of consumers who are interested in self-directed supports. Develop contracts and put in place (contract language must be approved by DHFS). Train providers in philosophy of managed LTC, claims processes, etc. Process to ensure an adequate number of personnel with the appropriate skills to meet the scope of services, including policies to ensure services do not decline during personnel shortages due to operational contingencies or changes in staffing structure or mix. Provider capacity monitoring and management.

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Claims Processing	Demonstrated ability to submit acceptable encounter data. Policies and procedures to handle provider appeals.	Acquire or develop claims processing capacity. Considerations include: – Customer Service functions, – Customized Check/EOB printing – Communications with members – Reporting requirements, – QA/audit, – High cost $ claim procedures, – Cost containment procedures, – Coordination of benefits – Processes for adjustments, corrections, and claims that cannot be adjudicated – Reconciliation with service authorizations – Encounter submissions, tie-outs

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Financial Management and Reporting	Full-time, qualified fiscal manager (working on definition of "qualified"). Ability to manage and effectively utilize sophisticated information systems. Accounting policies and procedures in place, including for use of GAAP accrual accounting practices. Cost allocation plan. IBNR model developed (and approved by state? Certified by actuary?). Ability to produce financial statements that tie out to claims.	Process used to ensure the accurate recording and timely collection of accounts receivable; including processes for member obligations receivable and capitation receivable. Cost allocation: Process used to determine accurate proportion of shared administrative services and costs (e.g., support staff, fiscal staff, management staff, IT, building costs, and supplies). IBNR methodology; process to monitor accuracy and reliability of the methodology. Procedures for monitoring consumer cost sharing collections. Methodology for analyzing (fiscal) risk. Monitor and analyze budget versus actual variances. Process to identify "outliers" (members whose claims exceed expected costs). Process used to ensure the accurate recording and timely collection of accounts receivable; including processes for member obligations receivable and capitation receivable. Maintenance of solvency protections. Process used to determine accurate proportion of shared administrative services and costs (e.g., support staff, fiscal staff, management staff, IT, building costs, and supplies). Develop and test IBNR methodology; process to monitor accuracy and reliability of the methodology.
Utilization Review	Demonstrated ability to produce reports that clearly communicate utilization information and trends to all levels of the MCO. Process by which utilization information will be shared with IDTs and other parts of the MCO, and how IDTs and others will be given help in analyzing that information.	Process for reconciliation and reporting on services authorized versus services used; service utilization reports. Process to communicate changes in practice patterns and health care delivery identified through utilization management reviews. Process to review and evaluate high volume / high risk indicators, practice guidelines and protocols, unusual occurrences, clinical outcomes, and services provided. How are these reviews used to minimize risk?

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Quality Management	QM organizational structure, including: – A senior manager with resource-deployment authority is designated as responsible for QM program. – A full time qualified professional is in place to coordinate the quality program. – QM activities have individuals or units with clearly assigned responsibility for them. – Mechanisms for active participation from consumers, staff, and others. – Must have clear operational links to and support from other functional areas. DHFS- approved Quality Program/Plan, adopted by gov. board, including: – Includes annual goals based on findings from previous QM activities; – Describes quality-monitoring processes and activities; – Describes at least one performance improvement project.	Design QM program that will: – Assure quality of both provided and purchased services; – Monitor performance and Detect problems; – Determine causes of problems; – Prioritize quality-improvement activities; – Determine effective remediation; – Follow up to verify problems are fixed; and – Carry out improvement efforts even in absence of identified problems. MCO ensures that assessments and care plans are timely and of high-quality—without checking or prior approval from DHFS. MCO determines, documents, and reports its own performance (e.g., immunization rates) MCO plans and carries out tightly focused improvement projects.

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